

Lexington Insurance Company Supplemental Corporate Named Insured Questionnaire

- 1. What is the Name of The Corporation, LLC or LLP? Is there a TAX ID #? If yes, please provide.**

- 2. Please provide the Principal names and occupation (if self employed, please explain). If there are multiple principals what is their relationship?**

- 3. Does this corporation, LLC or LLP engage in any form of business activity? If yes, what is the nature of the business activity?**

- 4. Does this corporation, LLC or LLP own any other properties? If yes, please list.**

- 5. What is the occupancy type (i.e. Primary, Secondary, Seasonal, Rental, etc.)? Who are the occupants?**

- 6. Is the property rented at any time during the year? If yes, how often and to whom?**

- 7. Is the property vacant during the year? If yes, for how long?**

- 8. Is there a permanent resident or caretaker living on the premises? If yes, please provide name.**